**UNITED NATIONS** **DP**

**Executive Board of the United Nations Development Programme and of the United Nations Population Fund**

Distr.
GENERAL

DP/FPA/YEM/2
10 February 1998

ORIGINAL: ENGLISH

Second regular session 1998
20 - 24 April 1998, New York
Item 4 of the provisional agenda
UNFPA

# UNITED NATIONS POPULATION FUND
# PROPOSED PROJECTS AND PROGRAMMES

## Recommendation by the Executive Director
## Assistance to the Government of Yemen

| | |
|---|---|
| Proposed UNFPA assistance: | $18.0 million, $12.0 million from regular resources and $6.0 million from multibilateral and/or other, including regular, resources |
| Programme period: | 4 years (1998-2001) |
| Cycle of assistance: | Second |
| Category per decision 96/15: | A |

Proposed assistance by core programme areas (in millions of $):

| | Regular resources | Other | *Total* |
|---|---|---|---|
| Reproductive health | 7.9 | 6.0 | 13.9 |
| Population & development strategies | 2.5 | - | 2.5 |
| Advocacy | 1.0 | - | 1.0 |
| Programme coordination & Assistance | 0.6 | - | 0.6 |
| Total | 12.0 | 6.0 | 18.0 |

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## YEMEN

### INDICATORS RELATED TO ICPD GOALS*

| | | Thresholds* |
|---|---|---|
| Births attended by health professional (%)[1] | 16.0 | ≥60 |
| Contraceptive prevalence rate (15-44) (%)[2] | 7.0 | ≥55 |
| Access to basic health services (%)[3] | 38.0 | ≥60 |
| Infant mortality rate (/1000)[4] | 119.0 | ≤50 |
| Maternal mortality rate (/100,000)[5] | 330.0 | ≤100 |
| Gross female enrolment rate at primary level (%)[6] | 37.0 | ≥75 |
| Adult female literacy rate(%)[7] | 26.0 | ≥50 |

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

## Demographic Facts

| | |
|---|---|
| Population (000) in 1995 | 15,027 |
| Population in year 2000 (000) | 18,118 |
| Sex ratio (/100 females) | 100.5 |
| Per cent urban | 34 |
| Age distribution (%) | |
| Ages 0-14 | 47.5 |
| Youth (15-24) | 20.3 |
| Ages 60+ | 3.9 |
| Percentage of women aged 15-49 | 44.0 |
| Median age (years) | 16.1 |
| Population density (/sq. km.) | 28 |
| Annual population growth rate (%) | 3.74 |
| Urban | 6.26 |
| Rural | 2.34 |
| Crude birth rate (/1000) | 47.7 |
| Crude death rate (/1000) | 10.4 |
| Net migration rate (/1000) | 0.0 |
| Total fertility rate (/woman) | 7.6 |
| Life expectancy at birth (years) | |
| Males | 57.4 |
| Females | 58.4 |
| Both sexes | 58.0 |
| GNP per capita (U.S. dollars, 1994) | 280 |

*Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDO. Two dashes (--) indicate that data are not available.*

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2001 to assist the Government of Yemen in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $18.0 million, of which $12.0 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $6.0 million from multi-bilateral and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This will be UNFPA's second programme of assistance to the Republic of Yemen.

2. The proposed programme was developed based on the findings of the Programme Review and Strategy Development (PRSD) mission that visited Yemen in June 1997. The PRSD was conducted in close cooperation with the Government and national non-governmental organizations (NGOs). The Government fully subscribes to the PRSD finding and recommendations. The proposed programme gives due consideration to the Government's policies and programmes particularly the updated National Population Strategy (1996-2000) and the First National Development Plan (1996-2000). The programme cycle will be harmonized with other partner agencies in the United Nations Development Group (UNDG) starting in 2002.

3. The proposed UNFPA programme will be in support of the Government's strategy of: (a) reducing maternal mortality, raising the contraceptive prevalence rate and lowering the total fertility rate through improved availability, quality and utilization of reproductive health services; and (b) promoting gender equity, equality and the empowerment of women. Yemen is a category "A" country according to UNFPA's resource allocation system, and the proposed programme will have subprogrammes in all three of the Fund's core programme areas -- reproductive health, population and development strategies, and advocacy -- with a focus on reproductive health. The programme will be implemented in close collaboration with UNICEF, UNDP and other United Nations agencies working in Yemen, as well as with other donors.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 94/128.

Background

5. The Republic of Yemen is one of the poorest countries in the Arab region with a per capita gross national product (GNP) of $280 in 1994. Between 1990 and 1994, the economy grew by only about 3 per cent a year as compared to a population growth of 3.7 per cent. However, the economy has recently registered some improvements. Poverty is widespread, and 80 per cent of the poor live in rural areas. Most of the rural population is dependent on agriculture, yet this sector contributed

only 15.2 per cent to gross domestic product in 1996 and accounted for less than 2 per cent of exports. There is little or no unused arable land available for expanding cultivation, and dependency on food imports is growing.

6. Yemen has very high rates of both infant and maternal mortality. The low status of women and their limited access to education and health services are conditions that contribute to the persistence of the high rates. While Yemen's Constitution grants equality for men and women, deep cultural traditions greatly restrict the education of girls and the participation of women in political, administrative and economic spheres. The rate of female illiteracy is 72 per cent compared to 36 per cent for males. Life expectancy for women is 53 years as compared with 52 for men, one of the lowest gaps in the world, which underscores the significantly lower health status of women.

7. Fertility rates in Yemen remain among the highest in the world. National statistics estimated the total fertility rate at 7.7 in 1991 and the 1994 census showed it to be 7.4. This high fertility is primarily the result of a young age at marriage (an average of 16 years, with nearly one third marrying before the age of 15 years) combined with continuous, closely-spaced and late child-bearing. The total fertility rate in urban areas is 5.6 and in rural areas it is 8.2, while the total fertility for literates is 4.9 but for illiterates it is 8.1. Nearly 50 per cent of the population is under 15 years of age.

8. The contraceptive prevalence is very low, estimated at 7 per cent, for both modern and traditional methods. According to a 1991 survey, 35 per cent of married women of reproductive age who were not using and did not intend to use any contraception said they did not want any more children. A number of factors are responsible for the low use of contraceptives. On the demand side, there is a poor understanding of the benefits of family planning and a poor knowledge of what is available and where. Men remain the gatekeepers to women's health, education and social participation in general. The low status of women and the salient traditional and cultural conditions militate in favour of large families, restrict women's mobility, limit their choices and negatively influence their health-seeking behaviour. On the supply side, reproductive health services are of limited availability -- they are located mainly in urban areas, are of poor quality and lack female service providers. It is estimated that one fifth of community-level health units are non-functioning.

Previous UNFPA assistance

9. The first country programme for the former Yemen Arab Republic (northern Yemen) was approved in 1981 in the amount of $4 million and a second one in 1987 in the amount of $5 million. Similarly, the funding to the former Peoples Democratic Republic of Yemen goes back to 1979 in the amount of $5 million. The 1992-1996 country programme was UNFPA's first programme of assistance to the unified Republic of Yemen. It was approved in 1992 in the amount of $15 million, of which $10 million was to be provided from regular resources. The programme was extended at no additional cost until the end of 1997.

10. The first country programme aimed at: (a) establishing the national population policy and translating it into operational programmes at the regional and local levels; (b) devising strategies for implementing maternal and child health and family planning (MCH/FP) programmes to reduce maternal and child mortality; (c) improving the status of women and contributing to a multisectoral approach designed to enhance their access to health, nutrition, family planning, education and employment; and (d) developing and implementing population information, education and communication (IEC) programmes.

11. The poor socio-economic conditions and the unstable political situation in the country had a negative impact on the previous programme. A series of external and internal crises considerably limited the Government's human and financial resources and overburdened its already weak institutional capacity. This was translated into a high turnover of skilled professionals and project managers and declining government contributions to social and health services. As conditions improved in the country, UNFPA's ability to respond also improved, particularly with the recruitment of international technical advisers and the effective utilization of the Country Support Team (CST) for technical backstopping. Programme implementation began improving in the second half of 1995 and continued to accelerate over the remaining period of the country programme.

12. With UNFPA assistance, the National Population Council (NPC) was established under the chairmanship of the Prime Minister and the Technical Secretariat was created to support it. UNFPA provided significant support to enhance the capacity of the NPC for policy formulation, analysis, and coordination. UNFPA assisted the NPC in developing the National Population Strategy for 1992-2000 and a plan of action, which was updated in 1996. These achievements gave momentum and legitimacy to the national population programme, including the ability to mobilize support from the highest levels of Government. However, the NPC remains at an early stage of development with weak management capacity and a serious shortage of qualified staff.

13. In 1994 the Central Statistical Organization conducted a population and housing census that contributed to the establishment of a national data system, the first after unification. The publication and dissemination of the results of the census contributed to a heightened awareness of the severity of the country's population problems and to the updating of national development plans and the population strategy. UNFPA support to the 1994 census significantly strengthened the capacity of the Central Statistical Organization. The appointment of resident advisers to provide ongoing technical assistance to the NPC and the Central Statistical Organization proved to be an effective mode for the transfer of know-how and expertise.

14. In the area of reproductive health, UNFPA provided technical assistance for the training of approximately 1,000 service providers, improving their clinical and counseling skills, and contributing to an increase in the number of female service providers. Technical assistance in this area contributed to building the capacity for training at the Ministry of Public Health. Further

assistance is needed to standardize training curricula and to disseminate and monitor the application of the medical standards for the provision of family planning services.

15. Over the period 1992-1996, UNFPA contributed 48 per cent of donor assistance for contraceptives and provided training for Ministry of Public Health staff in logistics management of contraceptives and assisted in upgrading warehouse facilities. UNFPA also assisted the Ministry of Public Health in upgrading a total of 40 health centres, providing them with the basic equipment required for the provision of family planning services. Support was also provided to the Yemeni Family Care Association (YFCA), an affiliate of the International Planned Parenthood Federation (IPPF), strengthening its management capabilities.

16. Under the previous cycle, all inputs to improve the training, logistics, management and quality assurance functions of the Ministry of Public Health were channeled through the central level, with a minimum of information on their trickle-down effect and impact on service delivery. The PRSD mission recommended that the next UNFPA programme of assistance, while continuing a minimum level of support to the central level, should focus more on building capacity at the governorate level. The Government's initiative in increasing the authority of the governorate will provide the basis for supporting a decentralized approach to programming. Key to the decentralized approach will be direct support to strengthen the capacity of grass-roots NGOs, mobilize the support of local communities, explore social marketing options with the private sector, and build a monitoring and evaluation system to assess impact.

17. There are lessons to be learned from the limited success of the previous country programme in providing full assistance to women's groups and institutions for the improvement of women's status. At the policy level, political commitment was not secured for the participation of NGOs, particularly of women's NGOs. The NPC did not actively promote this participation until late in the programme. At the institutional level, mechanisms to ensure the participation and enhance coordination among various ministries were weak. Finally, given the limited role played by NGOs and the political climate in the country, the policy guidelines and advocacy agenda for gender issues and the empowerment of women as well as community participation failed to be developed and promoted.

18. The previous country programme provided significant support to building national capacity for the design and implementation of multisectoral IEC programmes. Further assistance is needed to develop a national IEC strategy and to improve the content, messages, and channels of communication of these programmes. Special emphasis has to be placed on reaching men, tribal and religious leaders, and out-of school youth, and to conduct community mobilization campaigns. The lesson learned in this area is that political commitment and a clear information policy on IEC for family planning are critical ingredients to the success of IEC programmes.

19. There is a consensus that national capabilities for execution remain very weak in all sectors and that execution by international organizations will be required for major components of the programme. However, a number of issues were raised about the execution and technical backstopping modalities used in the last programme, and the experience gained about the performance of various executing agencies will guide future decisions. The recruitment of resident technical advisers has proven to be an effective modality for the transfer of technology and know-how.

Other external assistance

20. Many donors are currently active in Yemen. Among them, UNICEF allocates about $1.5 million a year for regular health activities. Germany devotes about $4 million annually for technical assistance to the health sector, with some support to reproductive health in two districts. The United States Agency for International Development (USAID) closed its office in Yemen in 1996 and is planning to phase out its support after the completion of the 1997 demographic and health survey. The World Bank has a health sector improvement project for $13 million designed to support construction and renovation of health facilities. The World Bank is also supporting a family health project for the period 1995-2000 in the amount of about $22 million.

21. The Netherlands provides support to strengthen the rural and urban primary health care system, to support women-in-development initiatives, and to supply needed drugs. The European Union has agreed to fund an IEC and advocacy project with the NPC. It also carries out an MCH project in two governorates. UNDP focuses its resources in women-in-development projects, poverty alleviation and environmental protection. Among the NGOs, IPPF has been supporting its national affiliate in delivering reproductive health services in selected areas; limited support for gender activities and reproductive health are also provided by other international NGOs.

22. UNFPA is the only funding agency that has focused on national strategies and consistently supported a comprehensive and multisectoral population programme comprising reproductive health, IEC, policy and research, and advocacy. UNFPA enjoys close collaboration and coordination with other United Nations and other donor agencies supporting efforts for joint planning and programming. UNFPA is in a unique position in that it has gained the trust of national partners in all sectors. This allows it to continue to promote the goals of the ICPD, including advocating for critical issues relating to the participation of civil society and the empowerment of women.

Proposed programme

23. The proposed programme will support the implementation of the updated plan of action of the National Population Strategy. Special emphasis will be given to the implementation of the MCH/FP action plan, which calls for reducing maternal mortality by at least 25 per cent, expanding contraceptive prevalence to 22 per cent by 2000, reducing the under-five child mortality rate to 80

per 1,000 by 2000, and reducing the total fertility rate to 6.0 by 2000. UNFPA's programme will also support implementing the plan of action for the empowerment of women, which includes education of girls, eradication of illiteracy, and promoting the participation of women in policy formulation and legislation.

24. The purposes of the programme are to: (a) improve the quality and increase utilization of reproductive health services in selected governorates; (b) increase access to reliable reproductive health information throughout the country; (c) strengthen the capacity of NGOs and the private sector to deliver quality reproductive health information and services; (d) strengthen the technical and management capacity for the implementation, monitoring, and coordination of the National Population Strategy and elaborate its plan of action for gender equity, equality and the empowerment of women; and (e) help reduce the sociocultural and legislative barriers that restrict women's access to health, education and participation in the political process.

25. At the national level, the key strategy of the programme is to build the human resource and management capacity of focal central agencies. At the governorate level, UNFPA will provide direct support to strengthen local capacity for the provision of quality reproductive health services in rural areas and to increase demand and use of these services through IEC and advocacy programmes. Using poverty indicators, government priorities and donor coordination plans as the basis for selection, UNFPA will target 40 rural and 3 urban districts in seven governorates (Sana'a, Taiz, Hajja, Hodeida, Lahj, Abyan and Ibb), comprising 70 per cent of the population. In addition, UNFPA will support the delivery of reproductive health services to isolated areas of Hadramout, Almahra, and the island of Socotra as requested by the Government. At the national and governorate levels, UNFPA will support expanding the role in programme implementation of NGOs (particularly NGOs headed by women), local communities and the private sector.

26. Reproductive health. In the area of reproductive health, UNFPA will focus on strengthening rather than expanding existing primary health care facilities by integrating reproductive health services and by improving their quality. The programme will support three reproductive health subprogrammes, two at the national level and one at the governorate level. The first national subprogramme aims at building the capacity of line ministries, academic institutions and NGOs. It will focus on providing technical assistance in the area of management and management information systems, quality improvement guidelines and protocols, health communication strategies, reproductive health training at the in-service and pre-service levels, reproductive health operations and sociocultural research. Collectively, these outputs will contribute to improved quality and increased utilization of reproductive health services.

27. Under the second national subprogramme, UNFPA will provide technical assistance to the Ministry of Public Health to strengthen its training capacity and enable it to train 1,700 community midwives. This would include curriculum development, training of trainers and supervisors, upgrading 60 health centres as practical training sites, support for equipment and transportation,

operations research, strengthening the management information systems and logistics, and advocating in favour of the community midwives' programme in local communities. The output of this programme will be expanded coverage of basic reproductive health services by female providers at the community level, including the provision of family planning services, essential obstetric and first aid care, and screening and referral of high-risk cases.

28. The third subprogramme will work to improve reproductive health services at the governorate level, focusing on the primary health-care level. It will improve both the supply and demand for such services. The direct outputs of this subprogramme will be increased coverage and improved quality of reproductive health services as well as increased utilization of services. Baseline and end-of-programme surveys will be conducted in the selected geographical areas to document the impact achieved. A reproductive health situational analysis conducted under a UNFPA regional project will provide the basis for the design of quality improvement interventions in the selected health centres.

29. On the supply side, support will be channeled to 40 rural districts to strengthen reproductive health services in 100 Ministry of Public Health facilities. In urban areas, support will be provided to strengthen the provision of family planning services in two health centres and one or two hospitals in three urban areas. UNFPA support will include upgrading the physical facility; training staff; providing equipment and contraceptive supplies; strengthening referral and transportation systems; and improving management information, logistics, monitoring and evaluation systems. The contraceptive method mix will be expanded through the introduction of injectables. A total of 500 service providers will be trained. As a result, the 100 health centres will be able to provide comprehensive reproductive health services, with emphasis on effective safe motherhood services directly linked to reducing maternal mortality; provision of quality family planning services, including counseling and outreach; screening and counseling for sexually transmitted diseases (STDs); and prevention of HIV/AIDS.

30. Using YFCA as the umbrella organization, support will be provided to selected NGOs and private sector groups to improve their capacity to provide quality reproductive health services and information. Collaboration with the Association of Yemeni Physicians to improve availability and quality of services among private practitioners will be explored. A social marketing feasibility study will be conducted. Ways to enhance community participation to support the delivery of services will be explored and integrated into programme implementation strategies.

31. On the demand side, in addition to the support derived from the implementation of the national IEC strategy, technical assistance will be provided for local IEC initiatives for men, local leaders, women and youth. Findings of baseline research about the knowledge, attitudes, and practices of men, women, and influential groups, will be used to tailor the messages of the community mobilization campaign, addressing the sociocultural barriers and misinformation that are preventing men and women from using reproductive health services. Local NGOs, women's groups, government outreach workers and youth leaders will play a key role in designing and

conducting these IEC activities. Special clinic-based IEC activities will also be designed for all target groups with a special programme for men who attend local clinics. The subprogramme will support training in interpersonal communication and in design and evaluation of IEC activities.

32. Of funding for the first reproductive health subprogramme, $2 million of regular funds will go towards training, management systems, monitoring and evaluation, while $400,000 will be provided for health communication. The second programme will be funded with $6 million from multi-bilateral funding. The third programme, strengthening reproductive health services at the governorate level, will provide $5.9 million for contraceptives and supplies, upgrading health facilities, training, IEC and research.

33. Population and development strategies. The purpose of the subprogramme in the area of population and development strategies is to strengthen technical capacity for the implementation, coordination and monitoring of the National Population Strategy and to elaborate its plan of action for gender equity, equality and the empowerment of women. UNFPA will provide short- and long-term technical assistance for training of staff, design and implementation of research activities, and logistical support and procurement of equipment as necessary. Special emphasis will be placed on training in gender issues for the staff of agencies involved in implementation.

34. The following outputs are expected: (a) enhanced management capacity at the NPC through the development of guidelines for coordination, planning and programme monitoring; (b) development of population database and standard demographic and social indicators; (c) improved implementation and coordination of the NPS at the national and regional level; (d) improved training and research capacity at Sana'a and Aden universities; (e) improved capacity for research at the Population and Research Studies Centre at the Central Statistical Organization; (g) establishment of a Population and Development Committee in the National Parliament; and (h) strengthened capabilities of the Ministry of Social Affairs for the development and implementation of an integrated women and development programme.

35. Advocacy. The main purpose of the advocacy subprogramme is to reduce the sociocultural and legislative barriers that restrict women's access to health, education and participation in the political and socio-economic process and to increase commitment for the implementation of the NPS among policy makers and community leaders. UNFPA will provide technical assistance for communication and gender training and for research in order to achieve the following outputs: (a) development of a national population advocacy strategy that is based on research on the common beliefs and views of opinion leaders, including tribal and religious leaders, focusing on messages related to specific gender issues; (b) legislation addressing gender and reproductive health issues; (c) enhanced capacity of women's NGOs and their increased participation in policy formulation, monitoring and evaluation; (d) activation of appropriate channels for community participation in the design and implementation of gender and reproductive health-related programmes; and (e) enhanced implementation of the women's empowerment programmes of the NPS.

36. Implementation, coordination, monitoring and evaluation. Programme coordination will be the responsibility of the Ministry of Planning and Development. The programme will be implemented by a broad spectrum of national partners, both governmental and non-governmental. The governorates will play a role in the implementation of activities under all three thematic areas. Given the weak execution capacity of the Government, major components of technical assistance will be executed by international NGOs or other agencies, as appropriate. Recruitment of project staff and both short- and long-term technical advisers will be necessary in larger subprogrammes. Procurement of equipment and commodities such as contraceptives, computers and vehicles will be largely executed by UNFPA. Technical backstopping will be provided through the Technical Support Services system supplemented by the executing agencies and local experts. Continuing, and strengthened, collaboration and cooperation will be established with other partners within the Resident Coordinator System and with other donors. UNFPA's field office in Sana'a is staffed with a Representative, two programme officers, one administrative assistant, one finance assistant, two secretaries and two drivers.

37. The programme implementation will be monitored through periodic field visits and reviews. The data of the 1997 demographic and health survey will be available in 1998 and will provide baseline data for future evaluation. Additional governorate-specific baseline data will be collected as necessary. The situation analysis undertaken in late 1997 will also provide baseline data in project design and evaluation. A mid-term evaluation of the programme will be conducted towards the end of 1999, and a final evaluation will be undertaken. A reproductive and demographic health survey will be conducted in 2000 subject to the availability of regional funds.

Recommendation

38. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Yemen, as presented, in the amount of $18.0 million over the period 1998-2001, of which $12.0 million would be programmed from UNFPA's regular resources to the extent such resources are available, and the balance of $6.0 million would be sought from multi-bilateral sources and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of resources.

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